

United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Susan Besio
Director
Vermont Office of Health Access
State of Vermont
103 South Main Street
Waterbury, VT 05671

Dear Director Besio:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Vermont's Medicaid program and what steps Vermont takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Vermont's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,



Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

May 7, 2010

Via Electronic Transmission

Charles E. Grassley, Ranking Member of the Senate Committee on Finance
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

This correspondence is in response to your request for the Office of Vermont Health Access (OVHA) to provide charts that list the top ten Medicaid prescribers of the drugs Abilify, Geodon, Seroquel, Zyprexa, Risperdal, OxyContin, Roxicodone, and Xanax for the years 2008 and 2009. Additionally, I have included information per your request on steps Vermont Medicaid takes to monitor rates of utilization and to prevent fraud, waste, and abuse in the Medicaid program.

The OVHA contracts with MedMetrics Health Partners of Massachusetts as the pharmacy benefits manager (PBM) for Vermont's programs. MedMetrics prepared the data you requested and the findings are attached. The enclosed data ranks the top ten prescribers of the requested drugs by total prescription and total billed to Medicaid. This information should be very helpful to you to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Vermont's rates compare to national rates.

However, in light of two recent federal court cases prohibiting the release of similar information by the U.S. Department of Health and Human Services, MedMetrics did not include specific prescriber identification numbers because, arguably, the release of that data would violate the respective physicians' substantial privacy interest in payments they receive from Medicaid.¹

MedMetrics also has implemented numerous strategies to monitor and manage utilization of controlled substances. These strategies include quantity limits, prior authorization, therapeutic duplication monitoring, early refill edits, and prospective and retrospective drug utilization review (DUR) in conjunction with the Vermont DUR Board.

The Vermont DUR Board of the OVHA is a committee comprised of physicians and pharmacists; in SFY 2009, Board membership included five Vermont physicians and four pharmacists. The DUR Board meets as often as monthly and routinely reviews therapy by examining patterns in prescribing, dispensing and

¹ See *Consumers' Checkbook, Center for the Study of Services v. U.S. Department of Health and Human Services*, 554 F.3d 1046 (D.C. Cir. 2009) and *Alley v. U.S. Department of Health and Human Services*, 08-16914 (FED11)

consumption of medications. As an outcome of these reviews, the Board identifies specific therapeutic and clinical behaviors that, if altered, may improve patient outcomes and lower costs

In addition, the OVHA's Program Integrity (PI) unit is responsible for monitoring fraud, waste, and abuse of inpatient and outpatient Medicaid services, including supplies/equipment and pharmacy utilization. The PI unit reviews and investigates allegations of provider prescribing pattern issues, and may receive referrals from various sources, including law enforcement, pharmacists, providers, and Vermonter citizens. Referrals may include suspected patterns of over-prescribing, lack of medical necessity for prescribing, and such practices as a provider requiring a Medicaid beneficiary to pay cash up front before writing a prescription. In addition to referrals, PI has established processes to identify recipient and provider fraud, waste and abuse for drug utilization as well as other Medicaid services. Claims analysis, provider service profiles through the decision support service (DSS), and clinical record reviews are all part of PI's investigative process. For example, the DSS is an integral part of OVHA's Utilization Management (UM) activities. It provides the framework for managing services to ensure that services provided meet standard of practice, billing compliance and adherence to policy are effective and efficiently provided. DSS investigations might reveal the potential for drug and doctor shopping, drug diversion, and inappropriate prescribing by providers by identifying beneficiaries who access more than one prescriber and/or pharmacy in the same calendar month. When fraud is suspected, the case is referred to the Medicaid Fraud and Residential Abuse Unit (MFRAU) for further investigation.

I hope this information meets your needs. Please feel free to contact me directly at (802) 879-5901, or our Pharmacy Director Nancy Hogue Pharm.D., at (802) 879-5611 if you should have any questions or require additional information.

Sincerely,

A handwritten signature in black ink that reads "Susan Besio". The signature is fluid and cursive, with the first name "Susan" and last name "Besio" clearly distinguishable.

Susan Besio, Ph.D.

Director, Office of Vermont Health Access

Attachment



Office of Vermont Health Access
Agency of Human Services
312 Hurricane Lane, Suite 201
Williston, Vermont 05495

ABILIFY, 2008 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	354	\$119,407.38
Prescriber #2	248	\$31,873.65
Prescriber #3	242	\$53,998.65
Prescriber #4	233	\$92,939.51
Prescriber #5	219	\$88,383.66
Prescriber #6	189	\$29,041.59
Prescriber #7	168	\$57,836.75
Prescriber #8	167	\$33,371.52
Prescriber #9	150	\$70,138.09
Prescriber #10	145	\$61,866.07

ABILIFY, 2009 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	282	\$72,754.92
Prescriber #2	246	\$132,917.22
Prescriber #3	196	\$84,151.31
Prescriber #4	196	\$50,795.53
Prescriber #5	174	\$30,527.96
Prescriber #6	172	\$86,192.13
Prescriber #7	164	\$43,249.00
Prescriber #8	151	\$17,988.07
Prescriber #9	143	\$79,875.14
Prescriber #10	125	\$77,941.34

GEODON, 2008 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	113	\$42,194.80
Prescriber #2	112	\$11,281.99
Prescriber #3	79	\$24,343.82
Prescriber #4	75	\$24,317.92
Prescriber #5	68	\$46,797.36
Prescriber #6	67	\$15,775.72
Prescriber #7	56	\$2,668.85
Prescriber #8	51	\$17,992.52
Prescriber #9	50	\$5,071.19
Prescriber #10	48	\$17,899.24

GEODON, 2009 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	66	\$30,497.50
Prescriber #2	64	\$7,218.88
Prescriber #3	63	\$22,267.27
Prescriber #4	61	\$20,965.79
Prescriber #5	56	\$15,680.83
Prescriber #6	54	\$25,666.14
Prescriber #7	52	\$17,541.84
Prescriber #8	46	\$11,783.44
Prescriber #9	46	\$17,021.08
Prescriber #10	41	\$11,687.93

SEROQUEL, 2008 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	414	\$47,834.01
Prescriber #2	353	\$53,169.35
Prescriber #3	261	\$56,111.62
Prescriber #4	247	\$46,745.70
Prescriber #5	222	\$45,980.28
Prescriber #6	216	\$44,195.06
Prescriber #7	212	\$18,943.29
Prescriber #8	202	\$61,868.70
Prescriber #9	197	\$32,055.71
Prescriber #10	175	\$45,477.99

SEROQUEL, 2009 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	267	\$43,935.70
Prescriber #2	254	\$67,351.75
Prescriber #3	239	\$15,081.36
Prescriber #4	238	\$45,612.31
Prescriber #5	237	\$15,727.57
Prescriber #6	232	\$65,373.52
Prescriber #7	217	\$80,682.62
Prescriber #8	189	\$40,691.25
Prescriber #9	186	\$51,449.65
Prescriber #10	182	\$53,554.43

RISPERDAL, 2008						
Prescriber Identifier	Total Prescription	Total Billed to Medicaid	Brand Prescription	Brand Total Billed to Medicaid	Generic Prescription	Generic Total Billed to Medicaid
Prescriber #1	354	\$106,734.99	324	\$99,816.48	30	\$6,918.51
Prescriber #2	310	\$33,996.74	293	\$32,970.32	17	\$1,026.42
Prescriber #3	254	\$47,856.67	234	\$44,856.48	20	\$3,000.19
Prescriber #4	253	\$60,766.19	240	\$58,332.53	13	\$2,433.66
Prescriber #5	236	\$35,186.12	220	\$34,078.62	16	\$1,107.50
Prescriber #6	226	\$32,120.91	217	\$31,361.27	9	\$759.64
Prescriber #7	226	\$71,517.07	210	\$67,410.30	16	\$4,106.77
Prescriber #8	199	\$57,164.98	186	\$53,736.08	13	\$3,428.90
Prescriber #9	190	\$48,316.82	178	\$46,185.42	12	\$2,131.40
Prescriber #10	187	\$42,795.83	178	\$40,433.32	9	\$2,362.51

RISPERDAL, 2009 (BRAND)						
Prescriber Identifier	Total Prescription	Total Billed to Medicaid	Brand Prescription	Brand Total Billed to Medicaid	Generic Prescription	Generic Total Billed to Medicaid
Prescriber #1	340	\$59,109.43	99	\$37,824.70	241	\$21,284.73
Prescriber #2	320	\$18,319.54	80	\$10,856.33	240	\$7,463.21
Prescriber #3	291	\$46,187.13	73	\$24,887.43	218	\$21,299.70
Prescriber #4	273	\$48,551.82	74	\$29,357.74	199	\$19,194.08
Prescriber #5	269	\$65,460.22	97	\$52,361.00	172	\$13,099.22
Prescriber #6	244	\$36,092.76	80	\$22,993.95	164	\$13,098.81
Prescriber #7	201	\$26,778.35	59	\$13,978.65	142	\$12,799.70
Prescriber #8	183	\$30,748.68	56	\$20,029.61	127	\$10,719.07
Prescriber #9	174	\$25,208.79	50	\$15,068.44	124	\$10,140.35
Prescriber #10	168	\$24,297.41	57	\$14,791.00	111	\$9,506.41

ZYPREXA, 2008 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	212	\$45,557.02
Prescriber #2	115	\$40,761.43
Prescriber #3	102	\$51,943.14
Prescriber #4	99	\$72,115.82
Prescriber #5	96	\$27,273.54
Prescriber #6	89	\$31,388.05
Prescriber #7	75	\$15,578.42
Prescriber #8	73	\$36,357.54
Prescriber #9	71	\$31,280.55
Prescriber #10	70	\$35,610.73

ZYPREXA, 2009 (Brand)		
Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	211	\$41,976.87
Prescriber #2	128	\$62,508.44
Prescriber #3	86	\$35,634.65
Prescriber #4	75	\$56,356.68
Prescriber #5	74	\$37,505.81
Prescriber #6	63	\$12,350.41
Prescriber #7	62	\$11,112.03
Prescriber #8	60	\$22,310.06
Prescriber #9	60	\$25,603.28
Prescriber #10	60	\$35,338.93

OXYCODONE GENERIC (for ROXICODONE), 2008 (Generic) No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	176	\$6,172.43
Prescriber #2	108	\$5,041.32
Prescriber #3	91	\$4,960.37
Prescriber #4	66	\$463.67
Prescriber #5	65	\$1,220.97
Prescriber #6	59	\$1,678.88
Prescriber #7	54	\$994.78
Prescriber #8	51	\$912.04
Prescriber #9	51	\$5,381.43
Prescriber #10	49	\$1,500.96

OXYCODONE GENERIC (for ROXICODONE), 2009 (Generic) No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	212	\$16,191.01
Prescriber #2	148	\$8,783.66
Prescriber #3	85	\$2,262.32
Prescriber #4	72	\$1,947.61
Prescriber #5	66	\$3,396.44
Prescriber #6	66	\$2,629.60
Prescriber #7	63	\$2,001.16
Prescriber #8	58	\$2,461.48
Prescriber #9	57	\$5,649.55
Prescriber #10	56	\$1,484.04

OXYCONTIN, 2008

Prescriber Identifier	Total Prescription	Total Billed to Medicaid	Brand Prescription	Brand Total Billed to Medicaid	Generic Prescription	Generic Total Billed to Medicaid
Prescriber #1	145	\$44,569.86	134	\$40,335.03	11	\$4,234.83
Prescriber #2	127	\$36,178.80	44	\$17,335.77	83	\$18,843.03
Prescriber #3	91	\$13,073.78	91	\$13,073.78	0	\$0.00
Prescriber #4	87	\$9,534.29	31	\$5,390.25	56	\$4,144.04
Prescriber #5	57	\$17,638.98	55	\$17,375.14	2	\$263.84
Prescriber #6	50	\$13,266.46	48	\$13,000.66	2	\$265.80
Prescriber #7	47	\$16,007.95	42	\$15,111.32	5	\$896.63
Prescriber #8	45	\$5,316.88	23	\$2,888.23	22	\$2,428.65
Prescriber #9	45	\$12,090.96	38	\$10,524.19	7	\$1,566.77
Prescriber #10	42	\$8,373.97	33	\$7,137.61	9	\$1,236.36

OXYCONTIN, 2009

Prescriber Identifier	Total Prescription	Total Billed to Medicaid	Brand Prescription	Brand Total Billed to Medicaid	Generic Prescription	Generic Total Billed to Medicaid
Prescriber #1	149	\$73,265.25	139	\$69,560.34	10	\$3,704.91
Prescriber #2	147	\$60,578.81	146	\$60,429.46	1	\$149.35
Prescriber #3	113	\$39,115.27	113	\$39,115.27	0	\$0.00
Prescriber #4	110	\$13,098.56	108	\$13,031.58	2	\$66.98
Prescriber #5	91	\$42,777.64	87	\$42,544.37	4	\$233.27
Prescriber #6	72	\$14,131.40	53	\$11,278.35	19	\$2,853.05
Prescriber #7	51	\$17,185.67	51	\$17,185.67	0	\$0.00
Prescriber #8	50	\$21,002.84	50	\$21,002.84	0	\$0.00
Prescriber #9	49	\$20,437.11	49	\$20,437.11	0	\$0.00
Prescriber #10	49	\$14,347.41	48	\$14,253.94	1	\$93.47

XANAX, 2008 (Generic) No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	338	\$3,898.94
Prescriber #2	160	\$1,525.39
Prescriber #3	103	\$2,775.82
Prescriber #4	101	\$719.23
Prescriber #5	86	\$820.82
Prescriber #6	63	\$1,109.61
Prescriber #7	62	\$2,490.15
Prescriber #8	60	\$580.14
Prescriber #9	58	\$542.76
Prescriber #10	58	\$495.09

XANAX, 2009 (Generic) No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	325	\$3,892.72
Prescriber #2	100	\$3,069.07
Prescriber #3	99	\$949.63
Prescriber #4	82	\$1,065.62
Prescriber #5	81	\$711.75
Prescriber #6	68	\$2,391.58
Prescriber #7	61	\$979.84
Prescriber #8	59	\$656.10
Prescriber #9	58	\$2,024.07
Prescriber #10	35	\$1,315.24



Office of Vermont Health Access
Agency of Human Services
312 Hurricane Lane, Suite 201
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Prescriber #10	182	\$53,554.43

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Prescriber #4	253	\$60,766.19	240	\$58,332.53	13	\$2,433.66
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Prescriber #7	226	\$71,517.07	210	\$67,410.30	16	\$4,106.77
Prescriber #8	199	\$57,164.98	186	\$53,736.08	13	\$3,428.90
Prescriber #9	190	\$48,316.82	178	\$46,185.42	12	\$2,131.40
Prescriber #10	187	\$42,795.83	178	\$40,433.32	9	\$2,362.51

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Prescriber #3	291	\$46,187.13	73	\$24,887.43	218	\$21,299.70
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Prescriber #5	269	\$65,460.22	97	\$52,361.00	172	\$13,099.22
Prescriber #6	244	\$36,092.76	80	\$22,993.95	164	\$13,098.81
Prescriber #7	201	\$26,778.35	59	\$13,978.65	142	\$12,799.70
Prescriber #8	183	\$30,748.68	56	\$20,029.61	127	\$10,719.07
Prescriber #9	174	\$25,208.79	50	\$15,068.44	124	\$10,140.35
Prescriber #10	168	\$24,297.41	57	\$14,791.00	111	\$9,506.41

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Prescriber #4	99	\$72,115.82
Prescriber #5	96	\$27,273.54
Prescriber #6	89	\$31,388.05
Prescriber #7	75	\$15,578.42
Prescriber #8	73	\$36,357.54
Prescriber #9	71	\$31,280.55
Prescriber #10	70	\$35,610.73

ZYPREXA, 2009 (Brand)		
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Prescriber #3	86	\$35,634.65
Prescriber #4	75	\$56,356.68
Prescriber #5	74	\$37,505.81
Prescriber #6	63	\$12,350.41
Prescriber #7	62	\$11,112.03
Prescriber #8	60	\$22,310.06
Prescriber #9	60	\$25,603.28
Prescriber #10	60	\$35,338.93

OXYCODONE GENERIC (for ROXICODONE), 2008 (Generic) No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	176	\$6,172.45
Prescriber #2	108	\$5,041.32
Prescriber #3	91	\$4,960.37
Prescriber #4	66	\$463.67
Prescriber #5	65	\$1,220.97
Prescriber #6	59	\$1,678.88
Prescriber #7	54	\$994.78
Prescriber #8	51	\$912.04
Prescriber #9	51	\$5,381.43
Prescriber #10	49	\$1,500.96

OXYCODONE GENERIC (for ROXICODONE), 2009 (Generic) No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	212	\$16,191.01
Prescriber #2	148	\$8,789.66
Prescriber #3	85	\$2,262.32
Prescriber #4	72	\$1,947.61
Prescriber #5	66	\$3,396.44
Prescriber #6	66	\$2,629.60
Prescriber #7	63	\$2,001.16
Prescriber #8	58	\$2,461.48
Prescriber #9	57	\$5,649.55
Prescriber #10	56	\$1,484.04

OXYCONTIN, 2008

Prescriber Identifier	Total Prescription	Total Billed to Medicaid	Brand Prescription	Brand Total Billed to Medicaid	Generic Prescription	Generic Total Billed to Medicaid
Prescriber #1	145	\$44,569.86	134	\$40,335.03	11	\$4,234.83
Prescriber #2	127	\$36,178.80	44	\$17,335.77	83	\$18,843.03
Prescriber #3	91	\$13,073.78	91	\$13,073.78	0	\$0.00
Prescriber #4	87	\$9,534.29	31	\$5,390.25	56	\$4,144.04
Prescriber #5	57	\$17,638.98	55	\$17,375.14	2	\$263.84
Prescriber #6	50	\$13,266.46	48	\$13,000.66	2	\$265.80
Prescriber #7	47	\$16,007.95	42	\$15,111.32	5	\$896.63
Prescriber #8	45	\$5,316.88	23	\$2,888.23	22	\$2,428.65
Prescriber #9	45	\$12,090.96	38	\$10,524.19	7	\$1,566.77
Prescriber #10	42	\$8,373.97	33	\$7,137.61	9	\$1,236.36

OXYCONTIN, 2009

Prescriber Identifier	Total Prescription	Total Billed to Medicaid	Brand Prescription	Brand Total Billed to Medicaid	Generic Prescription	Generic Total Billed to Medicaid
Prescriber #1	149	\$73,265.25	139	\$69,560.34	10	\$3,704.91
Prescriber #2	147	\$60,578.81	146	\$60,429.46	1	\$149.35
Prescriber #3	113	\$39,115.27	113	\$39,115.27	0	\$0.00
Prescriber #4	110	\$13,098.56	108	\$13,031.58	2	\$66.98
Prescriber #5	91	\$42,777.64	87	\$42,544.37	4	\$233.27
Prescriber #6	72	\$14,131.40	53	\$11,278.35	19	\$2,853.05
Prescriber #7	51	\$17,185.67	51	\$17,185.67	0	\$0.00
Prescriber #8	50	\$21,002.84	50	\$21,002.84	0	\$0.00
Prescriber #9	49	\$20,437.11	49	\$20,437.11	0	\$0.00
Prescriber #10	49	\$14,347.41	48	\$14,253.94	1	\$93.47

XANAX, 2008 (Generic)

No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	338	\$3,898.94
Prescriber #2	160	\$1,525.39
Prescriber #3	103	\$2,775.82
Prescriber #4	101	\$715.23
Prescriber #5	86	\$820.82
Prescriber #6	63	\$1,105.51
Prescriber #7	62	\$2,490.15
Prescriber #8	60	\$580.14
Prescriber #9	58	\$542.76
Prescriber #10	58	\$495.09

XANAX, 2009 (Generic)

No Brand Usage

Prescriber Identifier	Total Prescription	Total Billed to Medicaid
Prescriber #1	325	\$3,892.72
Prescriber #2	100	\$3,069.07
Prescriber #3	99	\$949.63
Prescriber #4	82	\$1,065.67
Prescriber #5	81	\$711.75
Prescriber #6	68	\$2,391.58
Prescriber #7	61	\$979.84
Prescriber #8	59	\$656.10
Prescriber #9	58	\$2,024.01
Prescriber #10	55	\$1,315.24

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6276

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Susan Besio

Director

Office of Vermont Health Access

312 Hurrican Lane

Suite 201

Williston, VT 05495

Dear Dr. Besio:

On May 7, 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in Vermont, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, the top prescriber of Xanax prescribed more than triple the amount of the drug than the second most prolific prescriber. This outlier is consistent with several of the other drugs as well, with the top prescribers writing double or triple the amount prescribed by the other top providers.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 1, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

[Phone] 802-879-5900
[Fax] 802-879-5651

Agency of Human Services

February 13, 2012

VIA ELECTRONIC TRANSMISSION

Charles E. Grassley, Ranking Member of the Senate Committee on Finance
United States Senate
Committee on the Judiciary
Washington, DC 20510-6275

Dear Senator Grassley:

This correspondence is in response to your request for the Department of Vermont Health Access (DVHA) to answer in numerical order the 12 questions you posed in your letter dated January 23, 2012. The Department is confident our responses will satisfy any concerns you and your committee have about Vermont's oversight and enforcement of appropriate prescription use. The Agency of Human Services (AHS), of which DVHA is a department, takes prescription abuse very seriously and therefore has implemented many safeguards to mitigate prescription use that is not consistent with evidence-based practices.

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

DVHA's Medical Director has performed a clinical review of the prescribers identified to the committee, including reviewing patient panel size and the prevalence, complexity and relative severity of diagnoses. Based on these reviews and clinical discussions with the prescribers, appropriate intervention is taken. One prescriber was referred to the Medical Practice Board, and the case is ongoing.

2. If there has been no action taken with respect to these prescribers, please explain why not.

Action has been taken regarding one prescriber. Many of the prescribers of psychotropic medications are Medical Directors or staff psychiatrists at our community mental health centers in various locations around the state. Our community mental health centers treat Vermont's highest needs individuals in our Community Rehabilitation and Treatment (CRT) population, who have severe and persistent mental illness. Consequently, we would expect to see higher utilization among these prescribers. In addition, some of the higher utilizers of pain medications



are based in Vermont's only pain clinic. This clinic is located in the largest hospital in the state, Fletcher Allen Health Care, which is affiliated with the University of Vermont Medical School.

3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.

All providers identified to the Committee currently remain eligible to bill the Medicaid Program. However, nine physicians who ranked in the top ten for various drugs (prescribers ranked in 2008 as #1 for Abilify, #2 for Xanax and Roxicodone, #3 for Zyprexa, Geodon, and OxyContin, #4 for Geodon, #6 for OxyContin, #7 for Risperdal, and #8 for Roxicodone) had no or significantly declining utilization of those drugs in 2010, and no further utilization of those drugs in 2011. In addition, four physicians who ranked in the top 10 in 2009 had no further utilization of those drugs in 2011. Therefore, even though these providers remain enrolled with Medicaid, they currently are not prescribing these medications.

4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.

DVHA's pharmacy benefit manager (PBM), MedMetrics Health Partners of Massachusetts, prepared the data, which is provided as *Attachment A*.

5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?

All of Medicaid's prescribing providers are cross-checked with the appropriate state licensing board (either the Medical Practice Board or the Office of Professional Regulation). DVHA searches for sanctions, conditions or disciplinary action on the license before we enroll or re-enroll a provider into Vermont Medicaid. We also compare each provider to the Excluded Parties List System (maintained by the General Services Administration), the Medicare Exclusion Database (maintained by CMS) and the List of Excluded Individuals/Entities (maintained by the Office of the Inspector General). These databases are equivalent to the National Practitioner Data Bank, which therefore is not used. Any person/entity on any of the aforementioned lists will not be enrolled or re-enrolled in Vermont Medicaid. Furthermore, if we learn that an individual has been excluded by another state's Medicaid office, we also will exclude that person from participation in Vermont Medicaid.

6. Have any of the prescribers identified to this Committee been referred to your state medical board?

If DVHA has a reasonable suspicion of fraud, abuse, or other questionable activity, the provider is referred to Vermont's Medicaid Fraud and Residential Abuse Unit, as well as to our Medical Practice Board or the Office of Professional Regulation. One of the prescribers identified to the committee was referred by DVHA to the state's Medical Practice Board, and that investigation is ongoing.



7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?

Yes, the DVHA Program Integrity (PI) unit uses a data analytics program provided by its fiscal agent, HP, called Decision Support System (DSS). This software analyzes paid claims on a quarterly basis to rank prescribers on various factors, including the number of prescriptions, drug costs paid per prescriber, and diagnosis. Additionally, the department is working with our pharmacy benefit manager, MedMetrics Health Partners, to develop a report that identifies spikes in the number of prescriptions written by the top prescribers, as well as increases in the units of controlled prescriptions written.

8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?

Yes, the DVHA Program Integrity staff have attended several sessions on prescription drug abuse at the Medicaid Integrity Institute at the National Advocacy Center in South Carolina (sponsored by Centers for Medicare & Medicaid Services) and at National Association for Program Integrity conferences (closely aligned with Centers for Medicare & Medicaid Services). The multi-state participation at these sessions facilitates sharing among the states of best practices in pharmacy management.

9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?

Yes, the Vermont Prescription Monitoring System (VPMS) was enacted into law by the Vermont State Legislature in 2005. It is managed by the Vermont Department of Health, another department within the Agency of Human Services. The statute, 18 V.S.A. §§ 4281 to 4287, can be found at: <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=18&Chapter=084A>.

By statute, DVHA does not have access to the VPMS, but currently is seeking legislative approval to gain access. The entities with access to the database at this time are noted in the statute, 18 V.S.A. §4284, as follows:

- (a) The data collected pursuant to this chapter shall be confidential, except as provided in this chapter, and shall not be subject to public records law. The department shall maintain procedures to protect patient privacy, ensure the confidentiality of patient information collected, recorded, transmitted, and maintained, and ensure that information is not disclosed to any person except as provided in this section.
- (b) The department shall be authorized to provide data to only the following persons:
 - (1) A patient or that person's health care provider, or both, when VPMS reveals that a patient may be receiving more than a therapeutic amount of one or more regulated substances.
 - (2) A health care provider or dispenser who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient.



- (3) A designated representative of a board responsible for the licensure, regulation, or discipline of health care providers or dispensers pursuant to a bona fide specific investigation.
 - (4) A patient for whom a prescription is written, insofar as the information relates to that patient.
 - (5) The relevant occupational licensing or certification authority if the commissioner reasonably suspects fraudulent or illegal activity by a health care provider. The licensing or certification authority may report the data that are the evidence for the suspected fraudulent or illegal activity to a trained law enforcement officer.
 - (6) The commissioner of public safety, personally, if the commissioner of health personally makes the disclosure, has consulted with at least one of the patient's health care providers, and believes that the disclosure is necessary to avert a serious and imminent threat to a person or the public.
 - (7) Personnel or contractors, as necessary for establishing and maintaining the VPMS.
- (c) A person who receives data or a report from VPMS or from the department shall not share that data or report with any other person or entity not eligible to receive that data pursuant to subsection (b) of this section. Nothing shall restrict the right of a patient to share his or her own data.
- (d) The commissioner shall offer health care providers and dispensers training in the proper use of information they may receive from VPMS. Training may be provided in collaboration with professional associations representing health care providers and dispensers.
- (e) A trained law enforcement officer who may receive information pursuant to this section shall not have access to VPMS except for information provided to the officer by the licensing or certification authority.
- (f) The [Health] department is authorized to use information from VPMS for research and public health promotion purposes provided that data are aggregated or otherwise de-identified.
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?

Yes, DVHA's pharmacy benefit manager (PBM) MedMetrics has implemented a number of strategies to monitor and manage utilization of controlled substances and psychotropic medications. These strategies include quantity limits, prior authorization, therapeutic duplication monitoring, early refill edits, and prospective and retrospective drug utilization review (DUR) in conjunction with the Vermont DUR Board. The Vermont DUR Board is comprised of physicians and pharmacists that routinely examine patterns in prescribing, dispensing and consumption of



medications to identify potential areas to target for changes in therapeutic and/or clinical behaviors. A list of point-of-sale edits for these drugs appears in *Attachment B*.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?

Some of these prescribers have been identified in targeted DUR analyses. Most recently, during a review of psychotropic medications, drug utilization for several of the top prescribers was carefully analyzed. In addition to reviewing drug claims, a review of medical claims also was completed to assure diagnoses and/or procedure claims supported this utilization. Our Medical Director outreached several of the top prescribers to discuss specific patient care treatment plans. The documentation provided was sufficient and no further action was deemed necessary.

In 2011, a retrospective analysis of Seroquel was completed. The purpose of this analysis was to evaluate the appropriate use of Seroquel, particularly in low doses. Based on a review of medical and medication claims, we identified some physicians who were using Seroquel for inappropriate indications such as sleep and anxiety disorders. Based on the results of this analysis and in-depth review by both our Psychotropic Workgroup (see below) and our Drug Utilization Review Board, we implemented clinical criteria for use and a prior authorization (PA) requirement for all low dose Seroquel prescriptions. A recent follow-up analysis demonstrated the PA process has been effective in mitigating inappropriate use of low dose Seroquel.

12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

As active members of the advisory group for the University of Vermont (UVM) Academic Detailing Program, DVHA's Deputy Commissioner for Health Services and Managed Care and DVHA's Director of Pharmacy Services provide informed opinions and practical guidance regarding the approach, direction, and operation of the program. As such, they have collaborated with the university to evaluate its atypical antipsychotic academic detailing initiatives. The Academic Detailing Program, which provides face-to-face education by trained health care professionals (typically pharmacists, physicians, or nurses), is offered by the UVM Office of Primary Care with funding from public and private sources. The State of Vermont helps fund the program through Act 80, which authorizes DVHA to collect a fee of 0.5 percent of its previous year's prescription drug spending from pharmaceutical manufacturers or labelers. The fees are collected in a fund used to pay for evidence-based education and advertising (such as the Vermont Academic Detailing Program). Academic detailers have no conflicts of interest with pharmaceutical companies and incorporate communication, behavior change, and social marketing principles with the goal of reducing inappropriate prescribing.

Additionally, in 2010 the Vermont Legislature directed the Department of Mental Health (DMH), in collaboration with the DVHA, to convene a workgroup of community subject matter experts to review psychotropic medication prescribing patterns and identify evidence-based clinical practice guidelines for Agency of Human Services (AHS) departments to adopt for prescribing psychotropic medications for children. The workgroup consisted of representatives from the majority of departments within AHS, key University of Vermont departments (e.g., pediatrics,



child psychiatry, and the Vermont Child Health Improvement Program), and private community psychiatrists.

Workgroup members reviewed data, discussed various available clinical guidelines and applications, and produced a report and recommendations for the legislature in January of 2011. These recommendations included the following: develop a process to review data on a regular basis; adopt AACAP guidelines; use academic detailing; and where appropriate, institute tighter utilization controls on certain psychotropic medications. For a complete copy of the report and recommendations, please visit the Department of Mental Health's website, specifically: http://mentalhealth.vermont.gov/sites/dmh/files/report/legislative/011_Psych_Prescription_Monitoring_Rpt_011511.pdf

The workgroup continues to meet and has recently expanded to include representation from every department within AHS except corrections, with goals to accomplish the following:
identify and implement more sophisticated mechanisms to track and trend data;
provide comprehensive training (beyond academic detailing) and guidance on best practices; and
develop alternative treatment options to medication for children, including children in foster care.

I hope this information meets your needs. Please feel free to contact me directly at (802) 879-5901, or our Director of Pharmacy Services Nancy Hogue, Pharm.D. at (802) 879-5611 should you have further questions or require additional information.

Respectfully,


Mark Larson
Commissioner

Attachment A: de-identified provider data

Attachment B: POS edits



Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
ABILIFY	Top 10 Rank in 2008	1	32			354	\$119,407.38	59	\$9,679.70				
		2	8	38	67	248	\$31,873.65	151	\$17,988.07	43	\$13,709.40	22	\$12,518.87
		3	1	2	5	242	\$53,998.65	282	\$72,754.92	190	\$62,767.22	132	\$68,483.65
		4	2	1	1	233	\$92,939.51	246	\$132,917.22	243	\$143,770.40	195	\$145,153.73
		5	3	5	13	219	\$88,383.66	196	\$84,151.31	159	\$74,682.28	83	\$43,820.79
		6	5	18	49	189	\$29,041.59	174	\$30,527.96	80	\$30,988.92	37	\$20,674.49
		7	16	4	2	168	\$57,836.75	97	\$44,728.03	170	\$54,893.24	187	\$73,886.40
		8	30	27	11	167	\$33,371.52	61	\$28,955.02	56	\$34,848.56	87	\$53,218.27
		9	9	15	9	150	\$70,138.09	143	\$79,875.14	85	\$70,451.36	93	\$101,572.29
		10	11	19	7	145	\$61,866.07	104	\$51,437.28	132	\$81,776.45	122	\$66,511.42
	New to Top 10 Rank in 2009	15	4	7	15	128	\$27,620.67	196	\$50,795.53	145	\$52,567.29	80	\$50,172.51
		47	6	3	6	40	\$22,474.62	172	\$86,192.13	173	\$82,713.19	131	\$65,886.13
		12	7	22	30	137	\$29,360.59	164	\$43,249.00	75	\$29,087.67	52	\$26,072.06
		19	19	6	3	100	\$50,513.39	125	\$77,941.34	158	\$103,812.84	170	\$103,877.71
	Top 10 Rank in 2010	22	18	8	4	90	\$39,466.50	93	\$50,973.00	133	\$87,164.18	145	\$98,821.90
		104	31	10	36	14	\$5,517.89	61	\$24,949.57	132	\$66,930.62	47	\$25,351.36
	Top 10 Rank in 2011	13	19	11	8	134	\$44,903.00	92	\$33,883.77	123	\$47,865.68	99	\$41,244.48
		123	127	16	10	11	\$4,870.80	10	\$4,738.13	82	\$40,177.80	90	\$44,772.97

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
GEODON	Top 10 Rank in 2008	1	1	19	26	113	\$42,194.80	66	\$30,497.50	34	\$17,274.42	24	\$13,338.95
		2	2	10	6	112	\$11,281.99	64	\$7,218.88	52	\$6,338.08	60	\$10,959.96
		3	14	80		79	\$24,343.82	39	\$11,544.94	7	\$2,344.04		
		4				75	\$24,317.92						
		5	12	77	66	68	\$46,797.36	40	\$19,907.02	7	\$8,777.39	9	\$9,343.14
		6	8	7	17	67	\$15,775.72	46	\$11,783.44	55	\$15,440.32	31	\$11,353.52
		7	53	33	11	56	\$2,668.85	13	\$2,348.84	22	\$4,430.73	42	\$5,702.54
		8	15	44	168	51	\$17,992.52	36	\$16,870.12	14	\$6,632.84	1	\$498.26
		9		21	10	50	\$5,071.19			32	\$4,973.39	44	\$4,950.29
		10	1	71	19	48	\$17,899.24	52	\$17,541.84	8	\$2,734.33	13	\$10,291.00
	Top 10 Rank in 2009	82	3	2	1	6	\$2,286.51	63	\$22,267.27	122	\$36,259.24	81	\$33,425.86
		19	1	6	2	32	\$10,431.50	61	\$20,965.79	106	\$40,298.72	92	\$39,622.08
		26	5	11	22	25	\$9,311.06	50	\$15,680.83	50	\$11,322.30	26	\$4,491.66
		11	6			16	\$6,100.44	52	\$25,666.14				
		10	6	26	59	42	\$12,040.51	46	\$17,021.08	25	\$14,710.75	11	\$5,430.77
		17	10	5	1	32	\$13,223.76	41	\$17,631.73	65	\$38,754.38	109	\$81,804.53
	Top 10 Rank in 2010	122	39	1	100	3	\$658.93	16	\$4,366.36	141	\$32,094.64	5	\$1,019.52
			52	1	3			13	\$3,808.11	79	\$16,459.25	85	\$23,189.93
		29	18	6	18	23	\$9,525.60	34	\$15,506.68	58	\$28,095.66	39	\$26,720.55
		154		6	6	2	\$252.45			53	\$10,066.89	92	\$10,323.37
		119	103	9	45	3	\$1,047.42	4	\$513.80	53	\$5,454.00	15	\$3,008.96
				62	5					11	\$3,397.94	77	\$26,771.53
	Top 10 Rank in 2011			13	7					45	\$3,674.59	55	\$9,710.34
		89	13	14	9	5	\$2,111.10	40	\$17,413.29	40	\$30,542.97	44	\$30,869.99

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
OXYCONTIN	Top 10 Rank in 2008	1	2	5	214	145	\$44,569.86	147	\$60,578.81	92	\$47,867.70	1	\$213.38
		2	1	6	9	127	\$36,178.80	149	\$73,265.25	77	\$58,430.31	34	\$32,252.70
		3	13			91	\$13,073.78	42	\$4,270.87				
		4	4	9	37	87	\$9,534.29	110	\$13,098.56	64	\$15,025.15	13	\$11,236.95
		5	8	25	148	57	\$17,638.98	50	\$21,002.84	26	\$12,416.03	2	\$769.10
		6	69			50	\$13,266.46	13	\$4,783.80				
		7	12	4	2	47	\$16,007.95	42	\$13,870.82	98	\$16,024.18	82	\$33,348.08
		8	18	23	26	45	\$5,316.88	36	\$5,476.91	27	\$4,219.10	19	\$3,370.30
		9	10	16	27	45	\$12,090.96	49	\$14,347.41	38	\$11,514.68	18	\$6,228.74
		10	61	114	55	42	\$8,373.97	14	\$5,468.60	6	\$3,289.08	11	\$6,398.89
	Top 10 Rank in 2009	23	3	2	5	26	\$21,149.62	113	\$39,115.27	127	\$50,426.14	55	\$49,083.71
		20	5	7	20	27	\$10,311.48	91	\$42,777.64	77	\$38,245.51	7	\$3,743.06
		21	5	1	1	27	\$4,375.40	72	\$14,131.40	133	\$24,152.21	58	\$15,478.08
		37	7	10	3	20	\$3,085.92	91	\$17,185.67	47	\$16,246.61	76	\$51,769.87
		19	9	11	10	28	\$9,903.46	49	\$20,437.11	44	\$15,402.83	30	\$16,857.33
	Top 10 Rank in 2010	172	26	3	1	2	\$681.14	28	\$5,075.26	101	\$16,577.88	83	\$14,205.13
		68	17	8		11	\$12,840.92	38	\$33,567.49	73	\$71,602.85		
			228	120	6			1	\$811.04	5	\$2,056.56	47	\$18,318.26
	Top 10 Rank in 2011			50	7					14	\$7,558.01	40	\$14,767.94
		12	58	29	8	38	\$11,449.65	15	\$4,792.28	25	\$8,561.37	40	\$14,285.67

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
RISPERDAL	Top 10 Rank in 2008	1	3	2	2	354	\$106,734.99	291	\$48,187.13	276	\$19,650.53	196	\$18,086.30
		2	21	42	38	310	\$33,996.74	131	\$17,744.05	65	\$15,654.12	55	\$18,783.66
		3	299	359	408	254	\$47,856.67	4	\$806.64	2	\$157.10	1	\$541.47
		4	6	13	9	253	\$60,766.19	244	\$36,092.76	141	\$18,674.63	158	\$13,785.02
		5	2	4	11	236	\$35,186.12	320	\$18,319.54	218	\$8,138.23	142	\$4,169.15
		8	13	12	22	226	\$32,120.91	149	\$24,471.02	141	\$34,448.50	95	\$25,808.56
		7	5	115		226	\$71,517.07	269	\$65,460.22	17	\$13,146.19		
		8	7	7	5	199	\$57,164.98	201	\$28,778.35	178	\$23,280.50	179	\$25,124.85
		9	19	33	41	190	\$48,316.82	137	\$25,359.17	82	\$19,876.58	52	\$12,517.17
		10	22	56	60	187	\$42,795.83	127	\$14,396.54	47	\$4,676.14	38	\$3,529.02
	Top 10 Rank in 2009	13	4	3	4	163	\$45,248.54	273	\$48,551.82	226	\$35,354.23	179	\$30,465.80
		11	8	17	23	183	\$49,764.09	183	\$30,748.68	128	\$15,745.03	94	\$12,440.05
		17	9	22	15	154	\$39,608.59	174	\$25,208.79	118	\$11,847.67	132	\$13,732.98
		78	10	14	17	39	\$9,226.36	168	\$24,297.41	138	\$29,370.56	104	\$25,220.64
	Top 10 Rank in 2010	39	1	1	1	86	\$23,553.38	340	\$59,109.43	409	\$44,049.51	356	\$26,162.65
		218	37	5	24	8	\$3,459.49	86	\$19,452.94	193	\$35,289.27	92	\$25,727.94
		116	94	8	10	22	\$8,129.59	26	\$3,709.74	179	\$34,520.80	154	\$24,317.74
		29	16	8	7	117	\$27,837.74	183	\$17,611.56	175	\$14,130.38	163	\$16,516.56
		26	23	9	8	127	\$67,054.35	125	\$51,718.16	166	\$40,602.44	174	\$48,501.02
		10	12	10	32	83	\$43,352.46	153	\$66,289.82	156	\$71,520.35	70	\$28,796.20
	Top 10 Rank in 2011	15	18	15	3	159	\$67,287.53	139	\$29,687.23	131	\$25,429.62	187	\$44,496.80
				65	8					38	\$3,887.92	158	\$17,134.86

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
ROXICODONE	Top 10 Rank in 2008	1	1	1	530	176	\$6,172.45	212	\$16,191.01	275	\$24,435.27	2	\$241.10
		2	156			108	\$5,041.32	9	\$135.32				
		3	9	8	1	91	\$4,960.37	57	\$5,649.55	73	\$7,282.48	207	\$25,050.72
		4	49	5	69	66	\$463.67	24	\$208.75	79	\$723.29	23	\$191.18
		5	11	21	27	65	\$1,220.97	53	\$800.74	46	\$1,246.22	39	\$1,187.20
		6	27	28	42	59	\$1,678.88	36	\$1,215.39	39	\$1,476.08	29	\$1,457.78
		7	12	25	2	54	\$994.78	51	\$1,478.71	40	\$7,910.43	139	\$17,207.40
		8	914		1,077	51	\$912.04	1	\$6.30			1	\$6.30
		9	14	43	48	51	\$5,381.43	50	\$8,681.45	29	\$7,701.02	26	\$3,190.46
		10	5	5	10	49	\$1,500.96	66	\$3,396.44	77	\$5,153.18	76	\$4,410.37
	Top 10 Rank in 2009	13	2	3	5	44	\$1,382.55	148	\$8,783.66	94	\$8,294.68	99	\$8,770.01
		26	9	4	15	33	\$475.43	85	\$2,262.32	87	\$1,977.29	65	\$1,265.85
		18	4	19	67	36	\$768.06	72	\$1,947.61	60	\$2,001.48	23	\$909.23
		73	6	524		17	\$416.10	66	\$2,629.60	2	\$48.50		
		79	7	2	4	46	\$366.73	63	\$2,001.16	105	\$2,683.24	105	\$3,776.29
		18	6	26	9	46	\$1,207.07	58	\$2,461.48	46	\$3,411.08	82	\$5,625.49
		229	10	60	175	5	\$135.35	56	\$1,484.04	22	\$1,105.23	11	\$741.33
	Top 10 Rank in 2010	113	22	7	37	13	\$113.55	43	\$802.27	76	\$2,630.99	32	\$895.03
		18	37	9		23	\$3,378.53	28	\$7,026.74	72	\$23,189.59		
		91	17	10	10	14	\$1,172.56	47	\$2,767.97	67	\$6,157.28	66	\$8,041.25
	Top 10 Rank in 2011	74	51	17	3	17	\$270.56	23	\$463.15	55	\$1,800.55	121	\$7,636.90
		485	101	15	6	2	\$20.06	13	\$391.75	59	\$1,199.65	89	\$3,896.96
		343	38	11	7	3	\$40.65	28	\$962.10	66	\$2,422.09	89	\$3,664.43
		28	20	13	8	31	\$983.78	43	\$4,835.76	61	\$14,139.19	84	\$9,796.18

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
SEROQUEL	Top 10 Rank in 2008	1	4	7	7	414	\$47,834.01	238	\$45,612.31	188	\$33,112.87	174	\$40,304.36
		2	1	11	30	353	\$53,169.35	267	\$43,935.70	170	\$66,455.60	84	\$39,125.62
		3	22	55	71	261	\$56,111.62	129	\$24,020.78	47	\$11,793.59	33	\$11,096.86
		4	19	1	2	247	\$46,745.70	148	\$36,333.34	317	\$98,169.72	286	\$97,862.05
		5	10	28	11	222	\$45,980.28	182	\$53,554.43	87	\$42,989.88	142	\$46,438.49
		6	2	3	10	216	\$44,195.06	254	\$67,351.75	248	\$90,242.81	159	\$65,384.97
		7	24	53	60	212	\$18,943.29	116	\$22,084.23	47	\$20,636.40	42	\$16,296.76
		8	7	5	3	202	\$61,868.70	217	\$80,682.62	215	\$90,281.66	237	\$123,980.09
		9	13	25	20	197	\$32,055.71	163	\$31,366.25	99	\$23,006.30	113	\$30,465.54
		10	26	19	9	175	\$45,477.99	103	\$24,344.38	125	\$33,410.68	160	\$47,615.14
	Top 10 Rank in 2009	23	3	17	38	112	\$5,691.31	239	\$15,081.36	136	\$11,471.22	70	\$6,049.65
		67	6	6	27	47	\$2,972.46	237	\$15,727.57	180	\$13,492.73	87	\$10,844.54
		33	6	2	4	98	\$25,423.52	232	\$65,373.52	285	\$68,167.42	310	\$69,225.45
		17	4	6	4	131	\$25,158.60	189	\$40,691.25	197	\$61,750.35	231	\$72,700.78
		93	9	15	17	32	\$5,863.93	186	\$51,449.65	147	\$67,935.23	113	\$84,031.54
	Top 10 Rank in 2010	29	12	4	6	104	\$25,077.44	163	\$53,443.28	243	\$73,518.06	208	\$74,563.48
		27	58	8	5	109	\$23,512.00	51	\$10,849.54	185	\$18,781.28	209	\$17,201.66
		16	20	10	18	140	\$38,067.53	131	\$34,893.82	172	\$64,786.83	113	\$51,633.33
	Top 10 Rank in 2011	57	14	14	8	53	\$5,154.32	162	\$9,296.36	157	\$6,914.05	169	\$15,314.78

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
XANAX	Top 10 Rank in 2008	1	1	1	1	338	\$3,898.94	325	\$3,892.72	302	\$3,665.74	269	\$3,415.16
		2	17	290		160	\$1,525.39	46	\$537.11	2	\$18.56		
		3	2	3	2	103	\$2,775.82	100	\$3,069.07	121	\$2,669.47	134	\$2,729.81
		4	3	2	4	101	\$715.23	99	\$949.63	126	\$1,360.85	90	\$1,286.17
		5	8	12	27	86	\$820.82	59	\$656.10	43	\$482.28	29	\$358.88
		6	7	16	18	63	\$1,105.51	61	\$979.84	38	\$665.09	34	\$386.60
		7	13	11	11	62	\$2,490.15	49	\$2,586.79	51	\$2,563.98	42	\$2,276.29
		8	4	5	7	60	\$580.14	82	\$1,065.67	86	\$1,311.08	51	\$702.25
		9	37	109	367	58	\$542.76	25	\$210.81	12	\$81.12	1	\$6.41
		10	36	42	23	58	\$495.09	25	\$213.50	24	\$223.74	32	\$280.02
	Top 10 Rank in 2009	206	5	6	6	8	\$34.06	81	\$711.75	66	\$625.70	54	\$470.56
		26	9	32		29	\$951.82	68	\$2,391.58	29	\$365.37		
		12	9	12	16	49	\$1,357.07	58	\$2,024.01	37	\$1,048.43	37	\$1,157.12
		13	10	22	28	45	\$765.97	55	\$1,315.24	35	\$699.56	28	\$565.47
	Top 10 Rank in 2010	78	11	4	121	44	\$129.73	52	\$307.92	88	\$580.43	9	\$45.01
		84	12	7	3	13	\$1,118.17	24	\$1,291.19	65	\$2,882.19	92	\$3,857.88
		34	14	9	14	29	\$302.89	49	\$555.10	57	\$2,151.30	38	\$3,054.96
		16	16	9	12	44	\$1,451.64	49	\$1,506.85	52	\$1,664.15	41	\$1,443.53
		137	18	10	19	8	\$54.78	45	\$320.97	52	\$469.72	46	\$408.24
	Top 10 Rank in 2011	118	20	11	5	9	\$92.17	81	\$433.66	39	\$646.64	92	\$1,163.75
		43	24	28	8	23	\$291.27	36	\$304.00	32	\$271.40	48	\$397.28
			262	47	10			2	\$18.40	21	\$135.81	45	\$260.36

Drug	Rank	Prescriber Rank 2008	Prescriber Rank 2009	Prescriber Rank 2010	Prescriber Rank 2011	Total Prescription 2008	Total Billed to Medicaid 2008	Total Prescription 2009	Total Billed to Medicaid 2009	Total Prescription 2010	Total Billed to Medicaid 2010	Total Prescription 2011	Total Billed to Medicaid 2011
ZYPREXA	Top 10 Rank in 2008	1	1	1	1	212	\$45,557.02	211	\$41,976.87	130	\$51,511.25	94	\$43,900.64
		2	3	24	7	115	\$40,761.43	86	\$35,634.65	25	\$36,304.15	50	\$74,094.22
		3	2	66		102	\$51,943.14	128	\$62,508.44	7	\$2,421.03		
		4	20	35	20	99	\$72,115.82	39	\$29,421.66	18	\$14,222.77	25	\$22,169.53
		5	11	13	22	96	\$27,273.54	53	\$34,261.40	42	\$32,691.83	22	\$18,601.36
		6	28	41	14	89	\$31,388.05	27	\$12,426.54	13	\$8,580.32	33	\$21,341.17
		7	112	49	69	75	\$15,578.42	2	\$852.87	11	\$13,669.02	6	\$5,302.09
		8	5	5	12	73	\$36,357.54	74	\$37,505.81	65	\$32,276.77	41	\$26,462.21
		9	33	23	13	71	\$31,280.55	24	\$9,504.82	29	\$13,433.30	34	\$18,666.67
		10	10	11	3	70	\$35,610.73	60	\$35,338.93	47	\$42,331.02	67	\$104,688.40
	Top 10 Rank in 2009	27	4	3	5	31	\$19,884.55	75	\$56,356.68	70	\$62,171.66	61	\$65,041.79
		43	6	4	29	17	\$4,341.28	63	\$12,350.41	67	\$13,126.00	19	\$5,211.65
		11	7	12	19	66	\$10,556.10	62	\$11,112.03	43	\$11,249.56	27	\$14,867.03
		17	8	8	44	47	\$10,419.32	60	\$22,310.06	54	\$22,093.70	12	\$3,393.10
		28	9	37	27	31	\$15,319.00	60	\$25,603.28	15	\$12,455.02	19	\$15,615.17
	Top 10 Rank in 2010	42	47	2	2	17	\$5,778.86	13	\$7,881.50	92	\$51,479.64	74	\$53,205.47
		151	22	6	6	2	\$482.14	35	\$33,145.86	57	\$65,112.02	59	\$82,526.92
		23	12	7	4	41	\$21,645.05	53	\$31,337.65	56	\$34,680.19	67	\$47,552.86
		70	26	9	10	8	\$9,073.36	31	\$21,495.22	53	\$33,371.10	42	\$36,375.87
		22	16	10	70	41	\$31,637.18	47	\$39,221.43	50	\$58,828.74	6	\$4,284.93
	Top 10 Rank in 2011	16	24	15	8	47	\$15,583.40	33	\$11,493.51	39	\$34,402.18	50	\$59,853.06
		20	18	16	9	43	\$11,293.57	40	\$12,084.27	39	\$22,010.33	50	\$42,783.70

Drug	Prior Authorization	Maximum Units	Therapeutic Duplication	Early Refill	Notes
Abilify	Yes	Quantity limits on lower strength units to encourage dose consolidation. High dose messaging.	Therapeutic duplication messaging.	75 % early refill hard edit - requires PA to override.	Atypical antipsychotic class to be reviewed in May 2012. Considering pediatric specific PA criteria.
Geodon	No	High dose messaging.	Therapeutic duplication messaging.	75 % early refill hard edit - requires PA to override.	Atypical antipsychotic class to be reviewed in May 2012. Considering pediatric specific PA criteria.
Risperdal/Risperidone	Brand - yes, generic - no	High dose messaging.	Therapeutic duplication messaging.	75 % early refill hard edit - requires PA to override.	Atypical antipsychotic class to be reviewed in May 2012. Considering pediatric specific PA criteria.
Seroquel	On doses ≤ 50 mg/day for adults - all patients start at low doses so essentially all require PA.	Quantity limit on low dose to discourage use as a sleep aid. High dose messaging.	Therapeutic duplication messaging.	75 % early refill hard edit - requires PA to override.	Atypical antipsychotic class to be reviewed in May 2012. Considering pediatric specific PA criteria.
Zyprexa/olanzapine	Yes for both brand and generic	Quantity limits on lower strength units to encourage dose consolidation. High dose messaging.	Therapeutic duplication messaging.	75 % early refill hard edit - requires PA to override.	Atypical antipsychotic class to be reviewed in May 2012. Considering pediatric specific PA criteria.
OxyContin	Yes - 3 months initially, then 6 months per PA.	Quantity limit of 3 tablets/day. High dose messaging.	Therapeutic duplication messaging.	75 % ingredient duplication refill hard edit.	Will be proposing tighter refill edits at February DUR Board meeting.
Roxicodone/Oxycodone IR	Brand-yes, generic - no	No maximum units. High dose messaging.	Therapeutic duplication messaging.	75 % ingredient duplication refill hard edit.	Will be proposing tighter refill edits at February DUR Board meeting.
Xanax/alprazolam	Brand - yes, generic - no	No maximum units. High dose messaging.	Therapeutic duplication messaging.	75 % early refill hard edit - requires PA to override.	Will be proposing tighter refill edits at February DUR Board meeting.

November 10, 2012

Ms. Trish O'Hara

Re: Public Records Request – Vermont.

Dear Ms. O'Hara,

This letter is in response to your 10/18/12 request for public records made to Mark Larson Commissioner of the Department of Vermont Health Access, for an electronic copy of public records that shows precisely what U.S. Senator Grassley asked for in the attached document dated April 21, 2010 and January 23, 2012.

However, pursuant to 1 V.S.A. § 317 (c)(38) provides an exemption from public inspection and copying for "records held by the agency of human services, which include prescription information containing prescriber-identifiable data, that could be used to identify a prescriber, except that the records shall be made available upon request for medical research, consistent with and for purposes expressed in 18 V.S.A. §§ 4621, 4631, 4632, 4633, and 9410 and chapter 84 of Title 18, or as provided for in chapter 84A of Title 18 and for other law enforcement activities" Therefore, I am informing you that your request for information pursuant to Vermont's Public Records Act is denied based on the exemptions contained in 1 V.S.A. § 317(c)(38).

Please be advised that, pursuant to 1 V.S.A. § 318(a)(2), you have a right to appeal from the denial of your request to Doug Racine, Secretary of the Agency of Human Services.

If you should have any further questions, please feel free to contact me at 802-879-5606 or by e-mail at Danielle.delong@ahs.state.vt.us.

Sincerely,

Danielle Delong
Health Programs Administrator, DVHA

cc: Mark Larson, Commissioner Department of Vermont Health Access